



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services

Region VIII
1600 Broadway, Suite 700
Denver CO 80202-4967

SD(#0264.90.R1);MK

June 20, 2002

Mr. Damian Prunty, Program Administrator
Office of Medical Services
Department of Social Services
Kneip Building
700 Governors Drive
Pierre, South Dakota 57501-2291

Dear Mr. Prunty:

This is to inform you that your request to renew your home and community-based services waiver that serves individuals with severe disabilities, as authorized under Section 1915(c) of the Social Security Act, has been approved. This waiver renewal has been assigned control number 0264.90.R1, which should be used in all future correspondence regarding this program.

Your approved waiver service package will continue to consist of assistive daily living services, which includes case management, consumer preparation, personal attendant services, private duty nursing, and personal emergency response systems. Your waiver will continue to waive "comparability", "statewideness", and the independent assessment requirements as set forth in sections 1902(a)(10)(B), 1902(a)(1), and 42 CFR 441.303 of the Social Security Act and regulations.

Based on the assurances you provided, the renewal request has been approved for a 5-year period, effective June 1, 2002, as requested. The estimates of utilization and the cost of waiver services have been approved as follows:

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Factor D</u>
1	100	\$16,992.87
2	100	\$17,440.59
3	100	\$17,889.47
4	100	\$18,338.94
5	100	\$18,789.57

The waiver renewal request, and the additional clarifying information provided us on May 21, 2002, conforms fully to the requirements of the statute and Medicaid regulations. We appreciate the effort and cooperation provided by you and your staff.

Sincerely yours,

/s/

Alex E. Trujillo
Regional Administrator

Copy to: Greg Brandner, DHS